



MAKING MORE POSSIBLE FOR ALL

Y CARES FINANCIAL ASSISTANCE APPLICATION

GENERAL YCARES GUIDELINES:

- All application information is handled confidentially... All YCares scholarships are documented... Only applications that are completed and include all required documentation will be accepted... Any outstanding balances must be paid in full before Financial Assistance will be granted... Upon notification of approval, applicant has 21 days to activate their membership... Please allow 2-4 weeks to process your application.

FREQUENTLY ASKED QUESTIONS:

What is YMCA Financial Assistance? YCares is a YMCA funded 6 month scholarship program that awards an individual or family with a percentage off of their YMCA membership and/or programs like swim lessons, youth sports, and child care. Each scholarship is based on income eligibility and other established guidelines. It is a partial scholarship. Each recipient is still responsible for paying a portion of their memberships dues and applicable program fees.

Who is eligible to receive financial assistance? Any self pay individual or family may apply for YCares financial assistance.

To apply for YCares Financial Assistance, fill out all information below, provide all required documents including the applicant and income verification form attached.

Applicant Name: _____ Date of Birth: _____ Address: _____ City/State/Zip: _____ Home Phone #: _____ Cell Phone #: _____ Email: _____ Employer: _____ Occupation: _____ Are you a current YMCA Member: Yes No

How many additional members of your household will be included in your membership / YCares scholarship? Adults _____ Children/legal dependents _____ Proof of residency must be provided for all members.

What areas of the YMCA are you requesting assistance for? CHECK ALL THAT APPLY Facility Membership TYPE: _____ Swimming Lessons Swim Team Youth Sports/Youth Programs Personal Training Before / After Care Summer Camp CHILD CARE ONLY (CHECK ALL THAT APPLY) Before Care After Care BOTH Summer Camp School/Camp Site: _____

Please Note: If you are applying for childcare or camp, you must first apply with Rutgers Southern Regional Childcare Resource and Referral offices. A denial letter from their office is required to process your YCares application.

SEE BACK FOR REQUIRED DOCUMENTS AND APPLICANT & INCOME VERIFICATION FORM

----- FOR OFFICE USE ONLY ----- New Renewal Received By: _____ Member ID _____; Current Ycares Expires: _____ Date Current Application Submitted: _____ Currently Registered: B&A Summer Camp Aquatics YS



REQUIRED DOCUMENTS CHECKLIST

All applicants must provide **ALL OF THE FOLLOWING DOCUMENTS** in order to be considered for a YCares scholarship.

- Completed YCares Financial Assistance Application (Page 1) and the Applicant and Income Verification Form (Page 3) of this packet.
- Copy of Valid Photo Identification and Proof of Residency for everyone included on the application.
- Copies of last two pay stubs for **ALL** working applicants. If you have no verifiable income, please attach a statement explaining how you support yourself. **Please note any applications with no verifiable income or a statement explaining your circumstances will not be processed.**
- Proof of **ALL** other sources of income, if applicable. (Ex: Unemployment Benefits, TANF, SNAP, Worker's Comp, Child Support, Alimony, Social Security, SSI, etc.)
- Personal Written letter of need explaining why you are applying for Y Cares financial assistance, including any special circumstances that we should take into consideration in determining your scholarship percentage.

MORE FREQUENTLY ASKED QUESTIONS:

How are YCares scholarships funded?

Our YMCA fully funds each scholarship through our Annual Giving Campaign. Our Annual Giving Campaign is supported by generous donations from our staff and Board of Directors, individuals, corporations, foundations, and through ongoing fundraising efforts.

How will the financial assistance amount be determined, and how quickly can I expect to receive financial assistance?

After our YCares Coordinator and Supervisor verify all income and determine financial eligibility based on a sliding fee scale, our YMCA Leadership team carefully considers the individual application and personal need to assign a percentage. Once the application has been approved, the Y will contact the applicant within two to four weeks.

When will my YCares Scholarship expire?

Each scholarship is valid for 6 months. Applicants must reapply and will be reassessed based on their current need and available funding. Please note: The 6 month scholarship begins the date the applicant is notified of their approval. Members must submit their completed renewal application a minimum of 3 weeks prior to expiration to avoid a lapse in their membership.

What if I want to add someone on my membership, after I am approved?

If that member is an adult, the application would need to be re-processed to include the additional income.

What if I don't agree with my approval amount?

Any disputes must be submitted in writing or in person to the Member Services Director.

The below documents are required for all **NEW APPLICANTS***, all **RENEWAL APPLICANTS** must provide the following documents each calendar year.

- Page 1 (Front and Back) of your 1040 Tax form for the most recent year (showing dependent children) and any other adult included in this application who is not listed on your tax form.
- Reference Letter from someone else bearing witness to your need for financial assistance.

*A New Applicant is anyone who is not *currently* receiving YCares Financial Assistance.

For more information about our YMCA, Annual Giving Campaign, and other programs visit www.ccaymca.org or call (856) 691-0030

APPLICANT AND INCOME VERIFICATION FORM

- Below, fill in all fields for each member of your family/household who will be included in your YCares Application. All applicants, including all dependents, must reside in the same household and provide proof of residency.

| Name (First and Last) | Birthdate | Age | Gender | Relationship | Employer/School | Gross Monthly Income |
|-----------------------|-----------|-----|--------|--------------|-----------------|----------------------|
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- Below you must list all income and expenses for your household. All Adults 18 and older must report all GROSS (Before taxes) earnings, supplemental income, or support and provide Proof of ALL Income (Including Last 2 Pay Check Stubs and Page 1 (Front and Back) of their 1040 Tax form for the most recent year if they are not listed on the primary applicant's tax form.

| HOUSEHOLD GROSS MONTHLY INCOME (BEFORE TAXES) | | HOUSEHOLD MONTHLY EXPENSES | |
|--|-----------|---|-----------|
| Wages/Salary (Self) | \$ | Rent/Mortgage | \$ |
| Wages/Salary (Additional Adult(s)) | \$ | Groceries | \$ |
| Social Security Benefits | \$ | Phone/Internet | \$ |
| Supplemental Social Security Benefits | \$ | Utilities (Electric/Cable/Gas, etc...) | \$ |
| Food Stamps (SNAP) | \$ | Transportation (Loan/Lease, Insurance, Gas, Public) | \$ |
| Unemployment | \$ | Medical (Health Insurance, Prescriptions, CoPays) | \$ |
| Child Support/Alimony | \$ | Child Care | \$ |
| Other (TANF, etc.) | \$ | Other | \$ |
| Pension/Retirement | \$ | Other | \$ |
| TOTAL HOUSEHOLD INCOME | \$ | TOTAL HOUSEHOLD EXPENSES | \$ |

I certify that all information submitted above is complete and accurate. I agree that if the above information is false or inaccurate that my membership may be terminated. I understand and acknowledge that as a participant of the YCares Financial Assistance program I must reapply and supply new financial information every **6 months**. I understand that if I do not supply the required information that my application will not be processed. I agree to notify the YMCA if there are any changes to my information within 30 days.

Primary Applicant Signature

Date

PERSONAL LETTER OF NEED

Primary Applicant Name: _____

At the Y, our mission to is support and strengthen our community. We understand that not all needs are based on numbers. We take into careful consideration your story so please share with us any special circumstances regarding your situation that helps us understand your level of need. If additional space is required please attach a separate sheet of paper. **PRINT LEGIBLY OR TYPE**

Primary Applicant Signature: _____ Date: _____

REFERENCE LETTER

Name: _____ Relationship to Applicant: _____

Please share with us your relationship and knowledge of the applicant's financial need and why we should consider them for this 6 month scholarship. . If additional space is required please attach a separate sheet of paper. **PRINT LEGIBLY OR TYPE**

Reference's Signature: _____ Date: _____

